

zines and contraceptive hormones; while the description of neurosyphilis, now an uncommon disorder, has been shortened, but continues to be one of the best clinical descriptions in the textbook.

This edition maintains the same style and orthodox presentation as its predecessors and as a textbook of its type and character is excellent. Its 844 pages are highly informative, containing a vast amount of facts. However, the medical student who seeks a textbook which reveals underlying principles and educative approaches to the Discipline will find this one lacking in these respects. Moreover, it is too large for the presentation of "core material" to students, but should be a good reference text for their extended reading. It is an excellent textbook for the Internist and Neurological Residents.

DONALD MACRAE, M.D.

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#### CLINICAL EXAMINATION OF THE JUGULAR VENOUS PULSE

—Arnold L. Colman, M.D., Clinical Instructor, University of California School of Medicine; Adjunct in Medicine, Mount Zion Hospital and Medical Center; Staff Physician, Lagunda Honda Hospital and Rehabilitation Center, San Francisco, California. With a foreword by John J. Sampson, M.D., Clinical Professor of Medicine, University of California School of Medicine; Senior Physician, Mount Zion Hospital and Medical Center; Past President, American Heart Association, San Francisco, California. Charles C Thomas, Publisher, 301 East Lawrence Avenue, Springfield, Ill. (62703), 1966. 183 pages, \$10.50.

This is a short, concise, comprehensive and interesting book. It covers 21 subjects about the jugular pulse in 108 pages and follows this with an atlas of tracings recorded in clinical practice. It has 140 references. The principal aim of the book is to present a comprehensive view of the jugular venous pulse, its mechanisms, and clinical usefulness. This aim is accomplished and the book should be of use to medical students, internists, and many cardiologists.

It also presents a new method for recording the jugular venous pulse at the bedside which utilizes a photocell adapter for a conventional electrocardiograph. The adapter proposed for this is homemade and the book could be improved by a more precise description of the component parts and their assembly. If tracings of the quality presented can be reproduced by other clinicians with an apparatus they can construct, the method should be a significant contribution to bedside medicine.

DAVID H. BLANKENHORN, M.D.

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ATLAS OF SURGICAL OPERATIONS—Vol. II—Robert M. Zollinger, Professor and Chairman of the Department of Surgery, Ohio State University College of Medicine, and Chief of the Surgical Service, University Hospitals, Ohio State University; formerly, Assistant Professor of Surgery, Harvard University, and Surgeon at the Peter Bent Brigham Hospital; and Robert M. Zollinger, Jr., Resident Surgeon at the Peter Bent Brigham Hospital and Arthur Tracy Cabot Fellow in Surgery, Harvard Medical School. Illustrations by Carol M. Woike. The Macmillan Company, 866 Third Avenue, New York, N.Y. (10022), 1967. 188 pages, \$20.00.

(This book has been designed to complement Zollinger-Cutler's Atlas of Surgical Operations, Volume I (3rd Ed., 1961, The Macmillan Co.). Whereas Volume I is concerned primarily with standard procedures, Volume II (herewith reviewed) presents the more complicated surgical operations that have come into common usage during the past few years.)

As the art of the craft of surgery has advanced in recent years allowing surgeons to perform far more complicated procedures, the need for a well illustrated and thoughtfully edited atlas dealing with these techniques has

arisen. This atlas, at least in part, admirably fulfills this need.

The format is the same as that used in Volume I and the discussion of each of the thirty different procedures includes indications, preoperative and operative preparation, anesthesia, position, incision and exposure, and details of the procedure in a step by step manner. Ninety-three plates and 514 figures are utilized.

Techniques in thoracic surgery include pneumonectomy, lobectomy, esophageal resection, esophagocardiotomy, and transthoracic hiatus herniorrhaphy.

I think that the outstanding material presented, however, is that dealing with the less commonly encountered abdominal procedures. Among the problems in this category are total gastrectomy, pancreaticojejunostomy (Puestow-Gillesby procedure), pancreaticoduodenectomy, hepatic resections and portalsystemic shunts. These beautifully illustrated discussions are among the best I have seen and should be of great value to the practicing general surgeon and those in surgical training.

ARTHUR P. WEBER, M.D.

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FUNDAMENTALS OF NEUROPATHOLOGY—Second Edition—William Brooks Dublin, M.D., Pathologist, Laurel Grove Hospital, Castro Valley, Calif., Assoc. Clinical Professor of Pathology, University of California, California College of Medicine, Los Angeles. Charles C Thomas, Publisher, 301-327 East Lawrence Ave., Springfield, Illinois (62703), 1967. 478 pages, \$24.50.

If this textbook is read from stem to stern, one finds an immense collection of facts easy to read. A clinician, however, who reads to see the pathologic changes explaining a part of the whole clinico-pathologic problem, may find readability a poor substitute for ready information. A textbook can be an excellent information retrieval system, but when designed for students or residents or internists without special knowledge, it best serves a purpose as a teaching vehicle when, not only are facts displayed but interest created by showing relationships. Thus the clinician, student or graduate, with a case of carotid thrombosis—a common clinical problem—finds a brief comment on thrombosis on page 44. This, in turn, refers to photographs on pages 373-375. But on these pages, which give cerebral changes in vascular conditions, no pathologic picture of what to expect in the major clinical situation looked for is presented. Knowing mucormycosis may have a neurologic presentation by carotid thrombosis, he will find mucormycosis described on page 119, but not referred to otherwise.

Multiple sclerosis is a disease of interest to all, and the CSF changes are more important to the clinician than the histology of uncommon cerebral tumors. The CSF phospholipids are discussed, but not the common criteria of activity, namely cells, protein and colloidal gold curve. The CSF gamma globulins are said to be increased, but the normal range is not given.

Elsewhere the cerebral spinal fluid pressure is given as 7.5 to 15 millimeters of mercury—a fact few clinicians know as they measure pressure straight into a manometer, using the fluid as its own measure, stating the pressure as normal under 180 mm of water (CSF). Muscle atrophies are discussed under disorders of obscure nature—some are of obscure nature and some not, but the problem of differentiation between myogenic and neurogenic atrophy and the recognition of definite myopathic entities by muscle biopsy has become the major research activity in many departments of neurology. This problem is very briefly dealt with and its value not clearly emphasized, the information from histochemistry and cytochemistry of muscle biopsy being essentially ignored.

For such reasons, this is not a suitable text for students.